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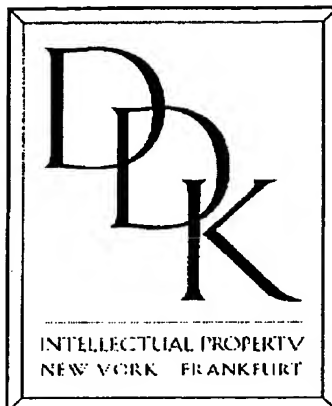
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# FACSIMILE TRANSMITTAL

FROM: Erik R. Swanson

DATE: September 2, 2004

TO: Office of Initial Patent Examination's  
Filing Receipt Corrections  
Alexandria, VA 22313-1450

OUR REF: 5010.1002

NO. OF PAGES (including cover): 3

## PLEASE DELIVER THE FOLLOWING TO:

Recipient(s):

Fax Number:

+1 (703) 746 9195

RE.: U.S. PATENT APPLICATION NO.: 10/825,263

Dear Sir:

Attached please find our facsimile request dated September 2, 2004 for a corrected filing receipt. Please make the indicated corrections.

Sincerely,

  
Erik R. Swanson

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[5010.1002]

**UNITED STATES PATENT AND TRADEMARK OFFICE**

Re: Application of: Helmut BUCKSCH  
Serial No.: 10/825,263  
Filed: 04/15/2004  
For: DEVICE FOR THE REMOVAL OF TEETH

**REQUEST FOR CORRECTED FILING RECEIPT**

Office of Initial Patent Examination's Filing Receipt Corrections  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Via Facsimile: +1-703-746-9195

September 2, 2004

Sir:

We have received a filing receipt for the above-identified patent application. The number of claims under the heading "TOT CLMS" is incorrectly listed as 15, instead of 20. Please make the following correction:

Under the heading "TOT CLMS"

20

Applicants respectfully request that a corrected filing receipt be issued.

Thank you for your prompt attention to this matter.

Respectfully submitted,

DAVIDSON, DAVIDSON & KAPPEL, LLC

By: 

Erik R. Swanson  
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Page 1 of 2



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
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 Alexandria, Virginia 22313-1450  
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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/825,263	04/15/2004	2859	385	5010.1002	2	15 20	1

CONFIRMATION NO. 8310

23280  
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FILING RECEIPT  
 0000013505319\*

AUG 17 2004

Date Mailed: 08/12/2004

DAVIDSON, DAVIDSON &amp; KAPPEL

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Helmut Bucksch, Bad Soden, GERMANY;

Domestic Priority data as claimed by applicant

## Foreign Applications

GERMANY DE 103 23 988.0 05/25/2003

If Required, Foreign Filing License Granted: 07/06/2004

Projected Publication Date: 11/25/2004

Non-Publication Request: No

Early Publication Request: No

\*\* SMALL ENTITY \*\*

## Title

Container with a device for indicating a total filling quantity

Preliminary Class